

☐ FEE \$ 25.00
ON OR BEFORE
DATE DUE 05/31/1999
REPORT YEAR 1999

STATE OF COLORADO
BIENNIAL REPORT OF
A CORPORATION OR LIMITED LIABILITY COMPANY

READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING
SUBMIT SIGNED FORM WITH FILING FEE

THIS FORM MUST BE TYPED

MAILING DATE 03/01/1999

INFORMATION BELOW IS ON FILE IN THIS OFFICE - DO NOT CHANGE PRE-PRINTED INFORMATION

CORPORATE NAME REGISTERED AGENT, REGISTERED OFFICE, CITY, STATE & ZIP

19871609696 DNC STATE/COUNTRY OF INC CO
BIESENDORFER WILLIAM J
YACHT CLUB COMMUNITY ASSOCIATION, IN
C. (THE)
5855 WADSWORTH BYPASS
BLDG B STE 100
ARVADA CO 80003

FOR OFFICE USE ONLY

19991057374 M
\$ 25.00 SAT
SECRETARY OF STATE
03-26-1999 14:52:36

FIRST REPORT OR CORRECTIONS IN THIS COLUMN

Return completed reports to:
Department of State
Corporate Report Section
1560 Broadway, Suite 200
Denver, CO 80202

TYPE NEW AGENT NAME

SIGNATURE OF NEW REGISTERED AGENT

MUST HAVE A STREET ADDRESS

CITY

STATE
CO

ZIP

OFFICERS NAME AND ADDRESS	TITLE	
WILLEY JOHN 6885 ZENOBIA CIR STE 4 WESTMINSTER CO 80030	PR	MAGUIRE, PATRICK PRES 6821 XAVIER CIRCLE #2 WESTMINSTER, CO 80030
MCGUIRE PATRICK 6821 XAVIER CIR STE 2 WESTMINSTER CO 80030	VP	BURRIER, RONALD VP 6885 XAVIER CIRCLE #1 WESTMINSTER, CO 80030
LESLIE LEIGH 6861 XAVIER CIR STE 5 WESTMINSTER CO 80030	ST	WEBB, YVETTE S/T 6861 XAVIER CIRCLE #11 WESTMINSTER, CO 80030

DIRECTORS OR LIMITED LIABILITY COMPANY MANAGERS

ERICKSON JENNIFER
6890 XAVIER CIR STE 3
WESTMINSTER CO 80030

POWERS DEMETRIOS
6890 XAVIER CIR STE 3
WESTMINSTER CO 80030

WILLEY JOHN
6885 ZENOBIA CIR STE 4
WESTMINSTER CO 80030

(If you have less than 3 shareholders, you may list less than 3 directors.)

MAGUIRE, PATRICK
PRES
6821 XAVIER CIRCLE #2
WESTMINSTER, CO 80030

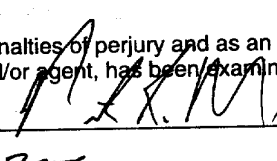
Address of Principal Place of Business

Street 5855 WADSWORTH BY-PASS, BLDG. B, STE. 100

City ARVADA State CO Zip 80003-5459

SIGNATURE

Under penalties of perjury and as an authorized officer, I declare that this biennial report and, if applicable, the statement of change of registered office and/or agent, has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.

BY  Authorized Agent

TITLE PRES. DATE 3/23/1999

☐ NOTE: DO NOT USE THIS BOX IF THIS IS YOUR FIRST REPORT!!! SEE INSTRUCTIONS ON REVERSE. IF THERE ARE NO CHANGES SINCE YOUR LAST REPORT, MARK THIS BOX, SIGN ABOVE AND RETURN WITH THE FEE AND BY THE DATE DUE INDICATED ABOVE(UPPER LEFT HAND CORNER). IF YOU ARE FILING AFTER THE DATE DUE ABOVE, CONTACT THIS OFFICE FOR THE PROPER FEE. (303) 894-2251

SEE INSTRUCTIONS ON BACK